Bell Laboratories, Inc.
3699 Kinsman Boulevard, Madison, Wisconsin 53704 U.S.A. / 608/241-0202 / Fax: 608/241-4081

IO17039-001

12 January 2006

EPA

Document Processing Desk - 6A2
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Ave. N.W.
Washington, DC 20460

Re: FIFRA Section 6(a)(2) – Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter:	Craig A. Riekena Compliance Manager Bell Laboratories, Inc.	Registrant Name:	Bell Laboratories, Inc. 3699 Kinsman Blvd. Madison, WI 53597
Transmittal Date:	January 12, 2006	Submission:	Voluntary Incident Report

Reportable Substance:

Product	EPA Reg. #
Mole & Gopher Bait Place Pac	12455-85-3240

Sincerely,

Bell Laboratories, Inc.

Craig A. Riekena
Compliance Manager
Bell Laboratories, Inc.
criekena@belllabs.com

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. [redacted]	Contact person (if different than reporter) [redacted]	Internal ID ***50622***
	Address ***Skiatook; OK***		Address [redacted]	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Skiatook; OK*** ***Unknown***	Date registrant became aware of incident. ***12/14/2005***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***12455-85-3240***	EPA Registration # (Product 2)	EPA Registration # (Product 3
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Mole & Gopher Bait Place Pac***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***Unknown***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation:	Formulation:	Formulation:

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified PCO? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***See Incident Description Notes***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Personal privacy information

Brief description of incident circumstances.

--- Wed Dec 14; 2005 @ 12:42 By 226:Amy Nystuen ---

Hx: Caller states her husband used this product for the first time on December 11th outside and then put it in their attic (inside) on the 12th. She states he mis-handled the product. She states he opened the package and spread it out with his hands. At midnight on the 12th the call's husband was not aware of his surroundings and looked like he was having a seizure so she called 911. Husband was taken to the hospital and was there overnight. Caller is wondering if product is the cause and if they should remove the product from the attic for safety reasons.

A: This is not an expected effect of this product. If husband did not ingest the product may want to look for other causes. Product label directions state for placement of product; underground only. Rec removal of this product from your attic using gloves and wash hands with soap and water after. Cb prn.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Demographic information: Age: ***Unknown adult (>=20 yrs).*** Sex: ***Male*** Occupation (if relevant) ***No***	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***Not Applicable***
If female, pregnant? ***Did not query***	Was exposure occupational? ***No*** If yes, days lost due to illness:	Time between exposure and onset of symptoms: ***<12 hours***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Health Care Facility Eval***	List signs/symptoms/adverse effects ***Neurological-Confusion*** ***Neurological-Seizure (single)***		If lab tests were performed, list test names and results (If available, submit reports) ***Non-Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute <= 8 Hours*** Patient weight: ***UNK***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
50622